

State of Michigan
Department of Consumer & Industry Services
Bureau of Workers' & Unemployment CompensationAPPLICATION FOR TEMPORARY EXTENDED
UNEMPLOYMENT COMPENSATION (TEUC)
AND TEMPORARY EXTENDED UNEMPLOYMENT
COMPENSATION FOR DISPLACED AIRLINE AND
AIRLINE-RELATED WORKERS (TEUC-A)Completion of this form is required
to qualify for benefits.

You have been identified as possibly eligible for Temporary Extended Unemployment Compensation (TEUC) or Temporary Extended Unemployment Compensation for Displaced Airline and Airline-Related Workers (TEUC-A). COMPLETE THE APPLICATION BELOW and return it to the Bureau of Workers' & Unemployment Compensation (instructions on reverse side). Your eligibility for benefits cannot be established until we receive this completed application. If name and/or address differ from above, complete items 1 through 4 below. Otherwise, begin completing this form with item 5. **IF YOU ARE CURRENTLY DRAWING TRA BENEFITS, THEY WILL BE SUSPENDED UNTIL YOU HAVE DRAWN ALL TEUC or TEUC-A BENEFITS AVAILABLE TO YOU. COMPLETE AND RETURN THIS APPLICATION FORM IMMEDIATELY.**

1. Social Security Number: _____

2. PRINT Name: Last _____

First _____

Middle _____

3. No. and Street _____

County _____

5. Telephone Number _____

4. City-State-Zip Code _____

6. Were you laid off from one of the following types of employers due to the terrorist attacks of 9/11/01 or the war in Iraq: (1) an air carrier, (2) a company providing products, parts or services to an air carrier, (3) a business operating at an airport, including airport parking on privately owned land, car rental services, or aircraft maintenance and service facilities? _____

☐ NO ☐ YES

7. If yes, NAME OF AIRLINE-RELATED EMPLOYER _____

Please indicate how the work was airline-related employment in the section provided on the back of this form.

SINCE YOU LAST CLAIMED BENEFITS:

8. Have you applied for or received retirement benefits?.....

☐ NO ☐ YES

9. Have you moved or changed your name?.....

☐ NO ☐ YES

10. Are you in training or attending school? (If "YES," give dates) From _____ thru _____

☐ NO ☐ YES

11. Are you currently receiving UI benefits from the federal government, another state, or Canada?.....

☐ NO ☐ YES

12. Do you wish to have both federal and Michigan state income tax withheld from the taxable portion of each weekly benefit payment?.....

☐ NO ☐ YESA. If "YES," you must enter the number of dependents/exemptions you claim for state income tax purposes.

13. List your last employer below whether in Michigan or not.

UC Account No. _____ Check Digit _____		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	First Date Worked _____	Last Date Worked _____
(DO NOT WRITE HERE)		Plant or Location _____	Reason for separation (enter the reason number in the box) <input type="text"/> (1) Laid Off/Lack of Work (7) Other _____ (2) Fired (8) Still Employed (3) Quit (9) <input type="checkbox"/> Wildcat Strike (4) Retired (Voluntarily) <input type="checkbox"/> Imprisonment (5) Retired (Involuntarily) <input type="checkbox"/> Drugs <input type="checkbox"/> Theft (6) Labor Dispute <input type="checkbox"/> Assault and Battery <input type="checkbox"/> Strike <input type="checkbox"/> Lockout <input type="checkbox"/> Willful Destruction	
EMPLOYER - Firm Name _____		Telephone () _____		
No. and Street _____		Position Title _____		
City - State - Zip Code _____		Was Social Security taken out of your pay? <input type="checkbox"/> Yes <input type="checkbox"/> No		
County & State Worked in _____ FIPS CNTY _____				

Do you expect to return to work with this employer or a previous employer?..... ☐ Yes When? _____ ☐ NO ☐ I don't know

If your return to work date exceeds 120 days, you must register for work to be eligible for benefits. (See Reverse)

14. If you are not a citizen of the USA, enter the type of INS form or document Issued to you: _____ Expiration Date: _____

15. I certify that all of the information submitted by me on this form is true and correct to the best of my knowledge and belief. I UNDERSTAND THAT THE LAW PROVIDES PENALTIES OF FINE, AND/OR IMPRISONMENT, AND/OR COMMUNITY SERVICE FOR FALSE STATEMENTS TO SECURE BENEFITS.

Your Signature _____ Date _____

EFFECTIVE 4/20/03, ADDITIONAL BENEFITS ARE NOW AVAILABLE UNDER THE TEMPORARY EXTENDED UNEMPLOYMENT COMPENSATION PROGRAM FOR UNEMPLOYED AIRLINE-RELATED WORKERS (TEUC-A)

You may be eligible for additional benefits if you worked in an airline-related industry and lost your job, at least partially, as a result of the terrorist attacks of September 11, 2001 (including as a result of security responses to these attacks or the closing of an airport) or as a result of the Iraq war. That airline-related employment must be in the base period of your most recent claim for state unemployment benefits.

Airline related industries are: air carriers, businesses operating at an airport, or businesses providing products, supplies and services to an airline.

My airline-related employment was (check if applicable): See questions #6 & #7 on the front of this form.

- ☐ with an air carrier ☐ located at an airport
- ☐ with a supplier or producer for an air carrier (please explain)

IMPORTANT INFORMATION ABOUT CLAIMING BENEFITS

To claim benefits call MARVIN on your next regular appointment day and time and continue to call MARVIN on your scheduled appointment day and time. If you are unable to call or are unsure about your usual appointment day and time, call between 8:00 a.m. and 7:00 p.m. on Thursday or Friday. Continue to call MARVIN on your usual appointment day and time.

To be eligible for Temporary Extended Unemployment Compensation, you must have exhausted regular benefits and continue to meet all the eligibility requirements for regular unemployment benefits. You must be registered for work unless this requirement is waived. The registration requirement is waived only for claimants who expect to return to work with a previous employer within 120 days of their last day of work. The Bureau of Workers' & Unemployment Compensation (BW&UC) verifies this with the employer. For Michigan Works! Agency locations, call 1-800-285-WORK.

Your registration for work with Michigan's Talent Bank is valid for one year. If your registration has expired or is about to expire, report to your local Michigan Works! Agency to re-register. You should re-register for work within 5 days of completing this application. The Michigan Works! Agency (MWA) will notify the BW&UC that you have registered. Keep a copy of Form UC 1002 as proof that you have registered.

If you are currently drawing TRA benefits, payments of TRA benefits must be suspended until you have exhausted all entitlement to TEUC benefits. Therefore, it is very important that you complete and return the application for TEUC benefits.

MAIL THIS FORM IMMEDIATELY TO:

TEUC UNIT
BUREAU OF WORKERS' & UNEMPLOYMENT COMPENSATION
4729 CONNER
DETROIT MI 48215-2092
TEUC HOTLINE: 1-866-241-0152

NOTICE

Under 18 U.S.C. section 1001, knowingly and willfully concealing a material fact by any trick, scheme, or device or knowingly making a false statement in connection with this claim is a federal offense, punishable by a fine of not more than \$10,000 or imprisonment for not more than five years, or both.

UI OFFICE USE ONLY

Filing Date					BYB Date					Emp. No.		Occ. Code	
-------------	--	--	--	--	----------	--	--	--	--	----------	--	-----------	--

Add'l	R/O	Effective W/E Date	RSW/JAW Date	Reg. Req.	UC 1002/APP	D/E Date	D/E Clerk
				Y N			